

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	75316	6/27/00
O.I.P.E. CLASSIFIER	PH		4/31
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		KDHS	SD

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 sheets, staple additional sheet here

BEST AVAILABLE COPY

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